

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4809 (Rev. 13-03)		COAST GUARD CENTRAL PHYSICAL EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION					1. CPEB NUMBER			
SECTION I - DATA CONCERNING EVALUEE										
2. NAME (LAST, FIRST, MIDDLE)			3. GRADE OR RATE		4. TRANSMITTAL DATE		5. CPEB DATE			
6. SOCIAL SECURITY NO.		7. CREDITABLE SERVICE FOR RETIREMENT				8. AGE OF EVALUEE		9. STATUS (Check one)		
		DATE	YEARS	MONTHS	DAYS	YEARS	MONTHS	<input type="checkbox"/> USCG <input type="checkbox"/> USCGR		
SECTION II - FINDINGS										
DIAGNOSIS OF EVALUEE				(N) WILLFUL NEGLECT (M) INTENTIONAL MISCONDUCT (A) UN- AUTHORIZED ABSENCE	INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY. (YES OR NO)	PROXIMATE RESULT OF PERFORMANCE OF ACTIVE DUTY OR ACTIVE OR INACTIVE DUTY TRAINING OR INCURRED IN LINE OF DUTY DURING WAR OR NATIONAL EMERGENCY. (YES OR NO)	IS PER- MA- NENT (YES OR N/A)	MAY BE PER- MA- NENT (YES OR N/A)	DISABILITY PERCENT- AGE	VASRD DIAG- NOSTIC CODE NUMBER
10.				11.	12.	13.	14.	15.	16.	17.
18. COMBINED PERCENTAGE OF DISABILITY										
19. THE EVALUEE IS FIT TO PERFORM THE DUTIES OF HIS GRADE OR RATE.						<input type="checkbox"/> YES	<input type="checkbox"/> NO			
20. THE EVALUEE HAS BEEN FOUND MENTALLY INCOMPETENT BY THE CPEB.						<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
21. DISCLOSURE TO THE EVALUEE OF INFORMATION RELATIVE TO HIS PHYSICAL OR MENTAL CONDITION WOULD ADVERSELY AFFECT HIS PHYSICAL OR MENTAL HELATH.						<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
NOTE: If "YES" is checked for Item 20 or 21 a lawyer or law-specialist counsel must be appointed.										
SECTION III - RECOMMENDATIONS REGARDING RETENTION (IF APPLICABLE)										
22. THE EVALUEE HAS BETWEEN 18 AND 20 YEARS ACTIVE DUTY AND IN THE OPINION OF THE CPEB, THE EVALUEE MEETS THE MEDICAL REQUIREMENTS FOR RETENTION IAW CHAP. 17, CG PERSMAN.						<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
23. THE EVALUEE'S REQUEST FOR RETENTION (IF SUBMITTED WITH THE MEDICAL BOARD IAW CHAP. 17, CG PERSMAN) HAS BEEN APPROVED.						<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
24. TYPE OF RETIREMENT IF EVALUEE IS TO BE RETAINED LESS THAN 6 MONTHS (IAW CHAP. 17, CG PERSMAN) AND REEVALUATION IS NOT REQUIRED.						<input type="checkbox"/> TEMPRET	<input type="checkbox"/> PERMRET	<input type="checkbox"/> N/A		
SECTION IV - RECOMMENDED DISPOSITIONS										
CHECK APPROPRIATE BOX				27. <input type="checkbox"/> TEMPORARY RETIREMENT						
25. <input type="checkbox"/> SEPARATION WITH SEVERANCE PAY				28. <input type="checkbox"/> PERMANENT RETIREMENT						
26. <input type="checkbox"/> SEPARATION WITHOUT SEVERANCE PAY				29. <input type="checkbox"/> RETURN TO DUTY						
NOTE: INTERIM STATUS PENDING COMPLETION OF CPEB PROCEDURES IS IAW SECTION 3-J, COMDTINST M1850.2										

STATEMENT BY COUNSEL

1. I, _____ (NAME) _____ (GRADE/RATE)
 _____ (ADDRESS NUMBER, STREET, CITY, STATE, ZIP CODE) _____ (AREA CODE, TELEPHONE NO.)

AN _____ HAS BEEN APPOINTED TO ADVISE THE EVALUEE REGARDING ACCEPTANCE OF THE CENTRAL PHYSICAL EVALUATION BOARD'S FINDINGS AND RECOMMENDED DISPOSITION WHICH ARE SET OUT ON PAGE ONE OF THIS FORM.

2. I HAVE REVIEWED THOSE FINDINGS IN LIGHT OF THE RECORD IN THE EVALUÉE'S CASE, TITLE 10, U.S. CODE, CHAPTER 61; THE VETERANS ADMINISTRATION SCHEDULE FOR RATING DISABILITIES, APPLICABLE COAST GUARD PERSONNEL REGULATIONS, AND OTHER APPLICABLE MATERIALS.

3. I CONSULTED WITH THE EVALUEE ON _____, AND COUNSELED HIM REGARDING ACCEPTANCE OR REJECTION OF THE CENTRAL
(DATE)
EVALUATION BOARD'S FINDINGS AND RECOMMENDED DISPOSITION, IN ACCORDANCE WITH COMDINST.

(SIGNATURE OF COUNSEL)

(DATE)

STATEMENT OF EVALUEE

I HAVE BEEN ADVISED BY THE ABOVE-NAMED COUNSEL REGARDING ACCEPTANCE OR REJECTION OF THE FINDINGS AND RECOMMENDED DISPOSITION OF THE CENTRAL PHYSICAL EVALUATION BOARD AND SIGNED THE APPROPRIATE STATEMENT BELOW:

☐ I ACCEPT THE CENTRAL PHYSICAL EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION AND WAIVE MY RIGHT TO A FORMAL HEARING BEFORE A PHYSICAL EVALUATION BOARD.

(SIGNATURE OF EVALUEE)

(DATE)

☐ I ACCEPT THE CENTRAL PHYSICAL EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION CONDITIONAL UPON THE APPROVAL OF MY ATTACHED REQUEST FOR RETENTION ON ACTIVE DUTY SUBMITTED IAW, CHAP. 17 CG PERSMAN. IF MY RETENTION REQUEST IS NOT APPROVED, THEN I REJECT THE CENTRAL PHYSICAL EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION AND DEMAND A HEARING BEFORE A FORMAL PHYSICAL EVALUATION BOARD.

(SIGNATURE OF EVALUEE)

(DATE)

☐ I REJECT THE CENTRAL PHYSICAL EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION AND DEMAND A HEARING BEFORE A FORMAL PHYSICAL EVALUATION BOARD.

(SIGNATURE OF EVALUEE)

(DATE)

ACCEPTANCE OR REJECTION BY COUNSEL

1. I, _____
(NAME) (GRADE/RATE)

(ADDRESS NUMBER, STREET, CITY, STATE, ZIP CODE) (AREA CODE, TELEPHONE NUMBER)

AN ATTORNEY OR LAW SPECIALIST, HAS BEEN APPOINTED COUNSEL FOR THE EVALUEE. IT HAS BEEN DETERMINED BY THE CPEB THAT THE EVALUEE IS MENTALLY INCOMPETENT.

2. I HAVE REVIEWED THE FINDINGS AND RECOMMENDED DISPOSITION OF THE CENTRAL PHYSICAL EVALUATION BOARD, AND IN LIGHT OF THE RECORD IN THE EVALUEE'S CASE, TITLE 10, CHAPTER 61, U. S. CODE; THE VETERANS ADMINISTRATION SCHEDULE FOR RATING DISABILITIES, APPLICABLE COAST GUARD REGULATIONS, AND OTHER APPLICABLE MATERIALS.

3. I HAVE ADVISED THE EVALUEE OF THE ULTIMATE DISPOSITION RECOMMENDED BY THE CPEB IN HIS CASE; I.E., SEPARATION, WITH OR WITHOUT SEVERANCE PAY; TEMPORARY RETIREMENT, PERMANENT RETIREMENT, RETURN TO DUTY; AND THE FINANCIAL MEANING OF THE FINDINGS, AND SIGNED THE APPROPRIATE STATEMENT BELOW:

☐ ON BEHALF OF THE EVALUEE, I HEREBY ACCEPT THE FINDINGS AND RECOMMENDED DISPOSITION OF THE CENTRAL PHYSICAL EVALUATION BOARD, AS BEING IN THE EVALUEE'S BEST INTERESTS.

(SIGNATURE OF COUNSEL)

(DATE)

☐ ON BEHALF OF THE EVALUEE, I HEREBY REJECT THE FINDINGS AND RECOMMENDED DISPOSITION OF THE CENTRAL PHYSICAL EVALUATION BOARD, AS NOT BEING IN THE EVALUEE'S BEST INTEREST. AND HEREBY DEMAND A FORMAL HEARING BEFORE A PHYSICAL EVALUATION BOARD.

(SIGNATURE OF COUNSEL)

(DATE)